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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$0 \$1000 09/18/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS** HENDRICKSON, STUART L 502-423000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Myers & Kaplan, LLC (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/\$B/122) attached. or agents OR, alternatively, ₂Barry E. Kaplan, Esq. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. 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